

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

·07 JAN -9 48:35

STATE ALLOS COMMISS.

1500

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST		int Clearly)		
NAME(Last)	(First)	(Middle)	TELEPHONE	
Dang	Marvin	S. C.	521-8521	
MAILING ADDRESS (Street)			FAX	
P.O. Box 4109			521-8522	
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	968	96812-4109	
EMPLOYING ORGANIZATION (Fill in	only if you are employed by a business en	tity which has been retained to lobby)	TELEPHONE	
MAILING ADDRESS (Street)			FAX	
			· :	
(City)	(State)	(Zip	Code)	

PART II ORGANIZATI	ON	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Financial Services Association		521-8521
MAILING ADDRESS (Street)		FAX
P.O. Box 4109		521-8522
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96812-4109
NAME OF PERSON RESPONSIBL	E FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Marvin S. C. Dang		521-8521
MAILING ADDRESS (Street)		FAX
P.O. Box 4109		521-8522
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96812-4109

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY Agriculture	ment
Public Utilities Finance International Affairs Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Culture, Arts, Historic Preservation Culture, Arts, Historic Preservation Ecology, Energy Housing Public Safety & Corrections	
Commerce Culture, Arts, Historic Preservation Health Preservation Culture, Arts, Historic Preservation Planning, Land & Water Use Management Ecology, Energy Housing	
Preservation Use Management Cology, Energy Housing Public Safety & Corrections	
	ow)
Environmental Protection	
PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information fumished above is, to the best of my knowledge, correct and complete	
1/5/07	
(Signature of Lobbyist) (Date)	-
PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR REPORT OF THE PARTY OF THE	
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESE	TED
Alvin Tanaka, Vice President	
NAME OF ORGANIZATION (if applicable) TELEPHONE	
NAME OF ORGANIZATION (if applicable) Hawaii Financial Services Association TELEPHONE 521-8521	
Hawaii Financial Comitate Associate	
Hawaii Financial Services Association 521-8521	
Hawaii Financial Services Association 521-8521 MAILING ADDRESS (Street) FAX P.O. Box 4109 521-8522	
Hawaii Financial Services Association 521-8521 MAILING ADDRESS (Street) FAX P.O. Box 4109 521-8522	
Hawaii Financial Services Association 521-8521 MAILING ADDRESS (Street) FAX P.O. Box 4109 521-8522 (City) (State) (Zip Code) Honolulu Hawaii 96812-4109	
Hawaii Financial Services Association 521-8521 MAILING ADDRESS (Street) P.O. Box 4109 (City) (State) (Zip Code)	